

DIVISION OF LEGAL ASSISTANCE
ARKANSAS ARMY NATIONAL GUARD
OFFICE OF THE STAFF JUDGE ADVOCATE
CAMP JOSEPH T. ROBINSON
TEL: 501-212-5040 / OFFICE HOURS: 0700 – 1530

CLIENT LEGAL ASSISTANCE RECORD

Date: _____ **Component:** AC / NG / RC
Status: AGR / TECH / ADOS / M-Day / RET / Civilian / Family Member / Other
DoD ID# _____ **Expiration Date:** _____
Name/Rank: _____ **Unit:** _____
Address: _____
Daytime Phone: _____ **Evening Phone:** _____ **Email:** _____
Marital status: _____ **If married, Spouse's name:** _____
Is your spouse in the military? Y / N
If yes, list their Rank & Unit: _____
What are you here to discuss? _____

Have you been here before to discuss this issue? Y / N
If yes, who did you speak with? _____
Are you currently represented by an attorney? Y / N
If Yes, Name: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, U.S.C., Section 3013
PRINCIPAL PURPOSE: The purpose of this form is to assist the attorney in preparing legal documents for the client, and to prepare statistical reports on legal assistance services provided during the year. The information on this form is protected by the attorney-client privilege and may be released only in accordance with law or with approval of the client.
ROUTINE USES: Information on this form will be used to provide legal advice and to prepare legal correspondence and documents for the client, and to prepare statistical reports.
DISCLOSURE: Voluntary. However, nondisclosure may preclude the legal assistance desired by the client.

OFFICE USE ONLY:

Type of Service Provided: Legal Counseling Legal Research Power of Attorney
 Advanced Medical Directive Will (w/o trust) Will (w/ trust & guardianship) Will Execution
 Notarization Domestic Issue Referral to Civilian Attorney Referral to Pro Bono Service
 Other: _____
 Document (prepared /executed): _____

NOTES:

Provider: _____